“Just Trying to Be Better Than What I Was”

An Evaluation of the Newark Community Solutions Youth Empowerment & Resiliency Project (NCS-YERP)

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The recommendations described herein are the sole opinions of the Center for Justice Innovation. OJJDP did not assist in preparation of this evaluation. As such, the views, conclusions, and recommendations expressed in this document are not endorsed by OJJDP, and do not reflect the positions, opinions, or views of the Office.

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Executive Summary

Youth in Newark, New Jersey are exposed to community violence at twice the rate of the U.S. national average.[1] The wide-ranging impacts of such violence exposure on adolescent development include behavioral and mental health challenges,[2] and an increased risk of both delinquent and criminal involvement throughout adolescence into adulthood.[3] Accordingly, Newark Community Solutions (NCS), a program of the Center for Justice Innovation (the Center), designed the Youth Empowerment and Resiliency Project (NCS-YERP) to address the needs of system-impacted and violence exposed youth in Newark and the surrounding communities in Essex County. During two years of operations, NCS-YERP admitted 38 clients in two years and developed novel interventions like virtual reality-assisted adventure therapy (VRAAT), to support the unique needs of participants. This evaluation describes the programs' effectiveness as well as the challenges it faced throughout its implementation.

Purpose of the Current Study

This research aims to answer three main questions:

1. **Impact on Protective Factors**: Did involvement in NCS-YERP promote improvements in protective factors understood to minimize risk of future juvenile court involvement?
2. **Impact on Participant Engagement:** What were the effects of specific interventions and program restructuring on participant engagement and long-term retention?
3. **Impact on System Partners:** How did the NCS-YERP program meet its secondary aim of systems-level change and capacity-building among engaged partners serving court-involved youth?

To answer these questions, researchers analyzed data from three main sources: program data collected during enrollment from 38 program participants admitted during the study period including data describing the services they received and a repeated assessment collected at baseline and near case closure; a community partner survey administered to 13 partners from a legal service provider and an education-focused organization that worked closely with the NCS-YERP team; and implementation documentation maintained by research staff.

This research documents 24 months of direct service provision, from program inception (July 2023) through the conclusion of the study period (June 2025). The report describes program strengths and challenges.

Evaluating Participant Outcomes

Programmatic data collected from 38 participants throughout program enrollment documents program effectiveness:

1. **The program had mixed impact on protective factors.** NCS-YERP was most effective in improving social-emotional protective factors, like self-esteem, social competency, and the reduction of traumatic stress symptoms, but showed less promise intervening on environmental and relational protective factors, such as parent-caregiver relationships, school engagement, and participation in leisure or recreational activities.
2. **VRAAT is a novel intervention with promising effects.** A greater number of participants who received at least one clinical session incorporating virtual reality-assisted adventure therapy as an intervention component demonstrated improvements across several social-emotional protective factors than participants who did not. VRAAT recipients had higher rates of improvement across self-esteem, social competency, the reduction of traumatic stress, and school engagement.
3. **Low rates of participant engagement were a barrier to program success.** Overall, program staff had difficulty engaging and retaining youth beyond intake. Fewer than half of all youth who had been discharged from programming prior to the evaluation had successfully completed. An equal number of participants were lost to contact and had stopped responding to program outreach, while others voluntarily opted out of programming, or were opted out by a parent or program administrators.

Understanding Community Partner Perceptions

We surveyed a total of thirteen community partners across two provider organizations (one educational, one legal services) over the study period. The survey responses reveal:

1. **Community partners were confident in the collaborative process, but perceived fewer benefits to educational or legal outcomes.** The highest rated survey responses tended to describe respondents' confidence in the collaborative process and the accessibility of NCS-YERP's goals. Among the lowest rated statements were those pertaining to the direct impact of NCS-YERP on participants' educational and legal outcomes.
2. **Community partner system knowledge increased.** Community partners did not feel that participation with the NCS-YERP program meaningfully increased their organizations' capacities to support youth exposed to violence or involved in the legal

system. Despite this, 41.6% of respondents reported increased understanding of the unique needs experienced by youth who have been exposed to violence.

Recommendations

Recommendations for Providers

1. **Providers should test alternative means of youth engagement and retention beyond intake.** Given the unique needs of system-involved and violence-exposed youth, those working with these populations should consider alternative means of engaging youth in therapeutic services long-term. Alternative approaches like contingency management, participation stipends, or the use of peer mentors as program supports may prove more beneficial in engaging youth in programming long-term.
2. **Providers should focus on strengthening collaboration across educational and legal partners.** Regularly convening multidisciplinary team meetings across program partners benefits both program participants and system partners. These meetings provide opportunities to better coordinate social services and address the educational and legal needs of participants, while further allowing program partners to advise and identify perceived gaps in programming and increase their system knowledge.
3. **VRAAT-based services show promise and should be expanded to support additional youth.** We found that services incorporating virtual reality-assisted adventure therapy (VRAAT) had promising effects on recovery for traumatic stress symptoms and promoted increases in self-esteem and the development of social competencies. While other interventions are necessary to address environmental and relational protective factors, VRAAT is a useful, cost-effective intervention that expands access to adventure therapy to youth who would otherwise be unable to benefit from these types of services.

Recommendations for Funders

4. **Funding should be flexible and support the hiring of both key administrative program staff and lead clinicians as distinct positions.** Limited funding that collapses intensive clinical labor and administrative tasks into one role negatively impacts both the youth participants and the programming itself. Future requests for proposals can expand program benefits by making funding available to reflect distinct hiring for these roles. Additionally, flexibility in how funds may be spent—for example, allowing spending on food or participation stipends—would promote client engagement.

Conclusion

While limited by available data, our findings support the development of similar programming designed to address the clinical needs of violence-impacted youth that provides alternatives to detention, minimizing further traumatization through youth incarceration and system-involvement. This program was most effective at improving the social-emotional protective factors that reduce risk of future system involvement but had no discernible impact on environmental and relational protective factors. This research additionally identifies a number of challenges in program administration that must be addressed for future programming to be effectively evaluated.

Chapter 1 Introduction

Youth have unique lived experiences and developmental needs that require special attention when creating interventions and treatment programming. Youth with court system involvement disproportionately carry trauma that affects developmental, emotional, and social behavior. Trauma-informed approaches are widely regarded as essential for interventions targeting marginalized and vulnerable populations.[4] Emphasizing such approaches is key to mitigating future system contact among impacted youth, as well as promoting healing from prior system contact.[5] Furthermore, when service providers engage in cross-system collaboration, this offers system-impacted youth a multidisciplinary, holistic approach to the application of trauma-informed care, expanding access to support with the aim of increasing positive outcomes.[6]

The Newark Community Solutions Youth Empowerment and Resiliency Project (NCS-YERP) utilizes a transtheoretical model (TTM) of behavior change framework to implement trauma-informed care during programming[7]. Additionally, the program emphasizes multidisciplinary outreach and interagency collaboration—where appropriate—to further support youth and streamline resource management. NCS-YERP's mission, grounded in giving young people the tools necessary to overcome traumatic experiences and succeed, also includes innovative applications of trauma-informed care through virtual-reality assisted adventure therapy.

Background and Significance

Applications of Trauma-Informed Interventions with Court-Involved Youth

Approaches to intervention with court-involved youth largely involve counseling and skill-building, with an emphasis on maintaining high-quality implementation all around, but with a specific focus on targeting high-risk youth.[8] Research in developmental neuroscience similarly supports a trauma-informed approach to outreach programming, emphasizing that the traumas experienced by court-involved youth often begin long before their first contact with the juvenile court system—such as parental incarceration, exposures to community violence, poverty, and mental health challenges.[9] These traumas can then manifest as inappropriate coping mechanisms and trends of self-regulation, which can include aggression, delinquency, and substance abuse.[10]

There is also a strong theoretical connection that links these histories of trauma or victimization to later criminality[11] and

reduced educational aspiration and attainment.[12] Additionally, court-involved youth are known to experience cumulative traumas that lead to complex trauma symptomatology, elevated rates of PTSD symptoms, anxiety, and depression. The psychosocial and environmental challenges facing court-involved youth are exacerbated by the difficulty in engaging them in programming,[13] and the reality that these co-occurring needs reduce the likelihood of successful program completion.[14] Additionally, minority youth have been shown to have greater distrust of therapeutic interventions for a variety of structural and historic reasons,[15] and may also experience greater ambivalence toward seeking help and trusting providers.[16] These challenges can serve as functional barriers to engagement and therapeutic services for youth.

Behavioral models such as TTM provide a systematic way to direct youth through various stages of change and engage them in stage-matched interventions.[17] In the context of court-involved youth, TTM interventions can be adapted to a youth's readiness to change, including assessments to suggest engagement and motivation strategies and relapse prevention.[18] The flexibility of TTM renders such approaches adaptable to innovation, including technology-enhanced interventions. For instance, virtual reality programs and adventure therapies that create realistic, real-world experiences offer immersive opportunities to hone skill-building, with content that molds to a youth's unique developmental stage. In using TTM as an approach to comprehensive care, programming can be captured holistically and expanded to youth at various phases of readiness.

Motivational interviewing (MI) is an evidence-based therapeutic intervention designed to strengthen a participant's internal motivation to change.[19] MI has been successfully implemented in various juvenile justice settings[20] to support behavior change related to problematic behaviors, thereby reducing future police involvement. Given its emphasis on enhancing motivation for change, MI functions well as a behavior change technique within the TTM to navigate change ambivalence. [21]

Virtual Reality-Assisted Adventure Therapy

Adventure Therapy (AT) is a therapeutic intervention leveraging kinesthetic experiences, like body movement and physical activity, often in outdoor or natural environments to engage participants on cognitive, affective, and behavioral levels,[22] with a particular focus on child, adolescent, and emerging adult populations. AT has been found to be effective in reducing anxiety related symptoms,[23] promoting social-emotional learning and pro-social behaviors,[24] and supporting recovery from complex trauma.[25] In bolstering confidence and self-efficacy, AT may have further positive downstream effects on youth experiencing chronic exposure to trauma.[26] However, there are many logistical constraints to AT, such as limited

access to wilderness environments, burdensome program insurance costs, and time commitments outside of "typical" life that the intervention may require. The intervention can also cause unintentional harm to recipients when client safety is not prioritized.[27] Virtual reality-assisted adventure therapy (VRAAT) can overcome these restraints through its relative accessibility, ease of use, and ability to be administered in situ.

Over the course of the last 30 years, virtual reality (VR) has become a powerful, therapeutically relevant tool for addressing a variety of behaviors, emotions, and cognitions. VR produces immersive and controlled interventions that can be used in the clinical treatment of phobias, PTSD responses, and anxieties through a presentation of real-world stressors for adaptive learning.[28] Clinicians can easily manipulate real environmental variables to match the individualized needs of participants, making VR applicable to treating youth with complex needs who require personalized intervention. In the context of aggressive or violent behavior among some court-involved youth, treatments involving an application of VR therapy can be effective in reducing impulsivity, anger, and aggression.[29] VR can additionally simulate gamified, customizable experiences, where participants can be placed anywhere from immersive nature scenes to desired travel destinations or artistic experiences.[30]

Institutional Collaboration & Multidisciplinary Approaches

Navigating system-involved youths' complex trauma histories, unmet behavioral health needs, and other, non-individualized systemic barriers (e.g., access to healthcare, economic disenfranchisement, exposure to violence) is a defining challenge facing juvenile court systems today. Coordinated efforts from mental health professionals, legal, and educational providers can address these unique needs, ensuring that court-involved youth have streamlined access to comprehensive care. Such efforts draw on multidisciplinary partnerships to facilitate information-sharing to help court-involved youth access services and promote successful case outcomes.[31]

NCS-YERP

The Youth Empowerment and Resiliency Project (NCS-YERP) was a community justice program designed specifically for young people with court involvement who have significant histories of exposure to community violence. Through a combination of case coordination with external community partners and direct, clinical intervention, NCS-YERP worked with 38 youth with past and ongoing traumatic stress symptoms over a two-year programming period. NCS-YERP was always intended to be flexible and responsive to the individual needs of the youth it served and the systems with which they interacted. Reflecting this, some elements of

the program changed over time, both with regard to the types of interventions utilized and the ways in which program participation was utilized by legal and educational system actors as a tool to improve outcomes for youth in their respective contexts.

NCS-YERP was originally designed as a structured, multi-week program during which violence-impacted, court-involved youth would receive individual clinical services and participate in the Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) curriculum.[32] The program was anticipated to last as long as 16 weeks for the highest need participants, with lower need participants referred into Youth Impact Newark (formerly Newark Youth Court), allowing clinicians to focus their time on the youth with the greatest clinical and legal needs. Program duration would reflect clients' assessed need level, with the number of weeks in programming based on this clinical determination.

NCS-YERP focused on increasing a set of protective factors associated with reduced risk of future juvenile court system involvement, specifically self-esteem, social competencies, substance use reduction, traumatic stress symptom reduction, school engagement, parent/caregiver relationships, and engagement in recreational/leisure activities.

The planning period included a significant focus on developing a multidisciplinary planning team (MPT) made up of key partners across sectors. Planners prioritized developing a team that would endure for the lifetime of the program, regularly convening for planning activities and care coordination across educational, legal, and social service providers. Originally envisioned as a distinct MPT, this group was intended to create an environment for multidisciplinary collaboration to more effectively design and implement program activities. However, several established multidisciplinary groups dedicated to youth violence prevention, juvenile court involvement, and trauma-informed approaches were already in place by the start of the program period. Thus, NCS-YERP instead integrated into the existing multidisciplinary network to inform and advise youth-based services and community-based violence prevention strategies.

The original program design included the prospect that court-involved youth would have the option to participate in NCS-YERP as an approved alternative to detention or probation component, possible through an active partnership with court system actors. This planned feature had two aims: this alternative legal mandate was intended to (1) increase participant engagement and retention, and (2) support more favorable case outcomes for engaged youth. However, court actors did not uniformly agree to using the program as an alternative to detention, and program application varied by prosecutor, judge, and probation officer.[33]

Following an extended planning period, NCS-YERP admitted its first participant in August 2023. However, within the first few weeks of operations, program staff discovered numerous barriers to participant engagement as a function of both post-traumatic stress symptoms and the impact of extreme poverty. For example, hypervigilance led some participants to be fearful of group settings and guarded in their interactions with staff, withholding information during initial assessments, and therefore complicating treatment planning. Other young people were experiencing food insecurity and housing instability, preoccupied with where they would get their next meal or lay their head. They were thus less concerned with completing an intake or attending a group session. Often, staff discovered these significant needs weeks or months after enrollment. In response, program staff restructured program activities, moving away from the previous design's rigidity and group-focused interventions.

Under the revised model, rather than measuring participant progress in weeks, the program had two discrete phases of engagement without set durations: orientation and treatment. During the orientation phase, NCS-YERP program staff focused on engaging participants in the program through rapport- and trust-building. Additionally, program staff utilized text-based communications to regularly communicate with youth and ideally stoke interest in NCS-YERP programming. Staff further engaged legal service providers and family support systems to encourage youth to engage in the program. Even after intake, program staff continued to use these strategies to engage—and at times re-engage—youth in the program.

During the treatment phase, staff utilized individual counseling and case management (in contrast to the originally envisioned group therapy). Trauma-focused cognitive behavioral therapy (TF-CBT) and motivational interviewing (MI) were the most used therapeutic interventions intended to support youth in behavioral change and increase protective factors. NCS-YERP also delivered direct services to participants at a community-based alternative school (where many participants were enrolled) on a weekly basis. For participants who did not attend the alternative school, additional sessions were held both at NCS's community office, and at times in other public spaces in the community, such as the library and a local climbing gym. Additionally, after a period of regular program involvement, some participants engaged in a handful of experiential learning excursions to engage in meaningful, recreational and pro-social group activities in the community.

For those youth who were in custody at the time of referral, staff provided services at their detention facilities. The hope was that engaging youth while they were detained might support a judge's decision to release the youth from custody into the community and the continued clinical care of program staff.

As the program developed, VRAAT became a tool in the staff's toolbelt. Combining elements of both AT and VR interventions, VRAAT allowed a greater number of individuals to experience the somatic components of AT than would have been feasible through traditional AT experiences.

The Current Study

This study evaluates NCS-YERP by addressing three research questions:

1. **Did involvement in the NCS-YERP program promote improvements across protective factors understood to minimized future court system involvement?**

   Based on analysis of program data collected from 38 participants throughout their enrollment, we compared change over time between the assessed scores of various protective factors. We additionally evaluated the effects VRAAT had on the protective factors shown by participants receiving this intervention.

2. **What were the effects of specific interventions and program restructuring on participant engagement in the program and long-term retention?**

   Using program data from 38 participants about the services they received, we sought to evaluate effects of these interventions on program enrollment and retention. Additionally, we examined the program's use of pre-enrollment alternative and collateral contacts to see whether these helped to increase post-intake program retention.

3. **How did the NCS-YERP program meet its secondary aims of systems-level change and capacity-building among engaged partners serving court-involved youth?**

   We surveyed 13 community partners across two organizations (one legal and one educational) on a recurring basis. We analyzed these data to assess the development of institutional knowledge across respondents and their confidence in and perceptions of the NCS-YERP program.

Chapter 2
Methods and Data

This study includes data from three sources: program data, participant surveys, and community partner surveys.

Program Data

These data contain information about participants and their involvement in the program tracked in NCS's case management system by program staff. Data included demographic information, information collected from participants upon referral, clinical assessments, dates of program involvement, services received, and protective factors targeted in services.

Thirty-eight young people participated in NCS-YERP over the two-year study period.[34] Almost all participants were 16 or 17 years old at time of enrollment, in equal numbers (44.7%, each); a few were younger: three were 14 years old and one was 15. One participant (2.6%) declined to share an age. Nearly three-quarters of participants (20, 71.4%) identified as Black, with six (21.4%) identifying as Latino. Almost all participants (33, 94.2%) were male, with two female participants (5.7%).[35]

Participant Surveys

These surveys measured the presence and level of specific protective factors for the participants; these protective factors can be grouped into two domains: factors related to social-emotional states and environmental or relational factors.[36]

1. Social-emotional factors including self-esteem, social competencies, substance use and reduction, and traumatic stress reduction.
2. Environmental or relational factors including parent/caregiver relationships, school engagement, and participation in leisure/recreational activities.

Program staff administered surveys to youth at intake for a baseline score, and at intervals throughout programming to measure progress. Under the original program design, surveys were to be administered at three points: baseline, midway through treatment, and discharge; the timing of the midpoint survey was to be based on a participant's level of need at intake—and therefore overall anticipated case length.

As programming evolved and became both more individualized and open-ended, the natural checkpoints of weekly

attendance disappeared, and program administration became more complicated.

Thus, when the program shifted to a more flexible timeline in an effort to better engage participants, the timing for these surveys became more flexible and, crucially, their consistency decreased. Additionally, the significant clinical needs were the primary focus of program staff, which left little time for administrative tasks like data collection or cleaning. While this individualized approach benefitted clients, it destabilized the frequency with which participants received repeated assessments.

Surveys were administered at baseline and at varying intervals throughout programming. More than three-quarters (30 out of 38) of participants completed at least one survey. Of these, slightly more than half completed multiple (16 out of 30), representing 42.1% of all participants. Roughly half this number received more than two assessments.

Since non-completion was a function of not receiving surveys rather than declining to complete them, it is unclear if participants with multiple surveys differed overall on level of program engagement. It is also unclear if they differed on the presence, levels, or change over time in protective factors.

To standardize our analysis, only baseline and final assessments were included.

Community Partner Surveys

We distributed a survey to staff at two key partner agencies—one educational and one legal—every six months during the program's operating period. Surveys were sent to all staff members at these agencies who interacted with the program. The surveys elicited feedback in three key domains: sense of confidence in the collaborative process, development of knowledge supportive of working with this population of youth, and perceptions of the intervention. In each domain, the survey combined Likert scale questions with open-ended responses for additional information.

Thirteen community partners completed 33 total surveys: nine educational service providers (22 surveys) and 4 legal service providers (11 surveys). All included surveys were completed with all relevant information.[37]

Community partners received a total of five surveys over the study period:

- One completed one survey,
- Seven completed two surveys,
- Four completed three surveys, and
- One completed five surveys.[38]

Only two potential respondents—one at each agency—who were sent the surveys did not complete any.[39]

Partner surveys yielded data at two levels: survey level and person level. Survey-level data allowed us to look at how

individuals' responses changed (or did not change) over time, while person-level data presents an overall snapshot of individuals' answers regardless of how many surveys each partner completed.

As an additional data source, the lead researcher took notes on issues pertaining to data collection and related program dynamics throughout the program period.

Chapter 3
Participant Outcomes

This chapter documents various legal, clinical, and programmatic outcomes for youth enrolled in NCS-YERP during the study period.

Overview of Participant Outcomes

The NCS-YERP program was designed specifically to intervene with violence-exposed youth and those with some degree of juvenile court involvement. This design bears out in the profiles of participants admitted into the program. The vast majority of participants (34 of 38, 89.4%) reported some exposure to community violence at the time of intake. Additionally, 78.9% of youth (30 of 38) had some juvenile court matter at the time of referral, though the degree of involvement ranged from using programming as a tool to support legal defense to a formal adjunctive intervention to a probation sentence.[40] The tables below give an overview of how legal service providers intended to use NCS-YERP services, as well as the category of charge seen on these cases.

Table 3.1 Legal service providers used NCS-YERP in both formal and informal ways to support their participants' legal defenses

NUMBER OF ADMITTED PARTICIPANTS	38
Intended Use of Program by Legal Service Provider	
Probation Adjunct[41]	12 (31.6%)
Detention Alternative/Diversion	11 (28.9%)
No Formal Offer[42]	7 (18.4%)
No Reported Legal Involvement	8 (21.1%)

Table 3.2 Overview of NCS-YERP system-involved participant top offense at time of referral

NUMBER OF ADMITTED PARTICIPANTS	30
Charge Category	
Assault-Related Offense	7 (23.3%)
Robbery/Theft-Related Offense	9 (30.0%)
Weapons-Related Offense	6 (20.0%)
Other Offense	2 (6.7%)
Missing Offense Data	6 (20.0%)

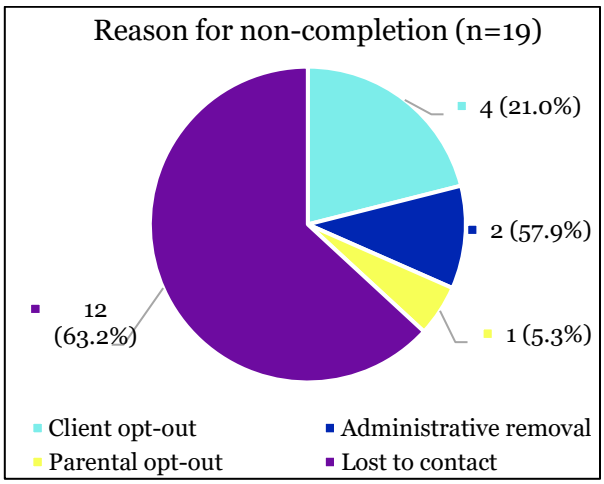
Overall, when a legal service provider was using NCS-YERP as a probation adjunct, youth had the highest completion rates (50%). However, youth whose legal service provider used the program as a detention alternative or court-based diversion, or in instances where no formal offer was made, were more likely to not complete programming. Table 3.3 below shows the completion rate by intended legal service usage.

Table 3.3 Intended legal use of programming in relation to discharge status for system-involved youth

NUMBER OF PARTICIPANTS	N SUCCESSFULLY COMPLETED	N DID NOT COMPLETE
Intended Use of Program by Legal Service Provider	12 (42.9%)	16 (57.1%)
Probation Adjunct	5 (50.0%)	5 (50.0%)
Detention Alternative/Diversion	2 (33.3%)	4 (66.7%)
No Formal Offer[43]	5 (41.7%)	7 (58.3%)

In total, fewer than half of all participants successfully completed programming. Of the 31 participants who were discharged from the program by the end of the study period, only 12 completed successfully. Figure 3.1 shows the reason for closure for all non-successful cases.

Figure 3.1 Participant reasons for non-completion during program lifetime



Findings

Finding 1. The program varied in its improvement of protective factors against future juvenile court involvement and exposure to violence.

Central to the NCS-YERP program was its intention to increase protective factors in order to reduce participants' future juvenile court involvement and exposure to community violence. As noted above, due to the necessary shift to a more flexible program model and difficulties engaging participants long-term, fewer than half of all participants completed this assessment more than once. Thus, data representing the programs' impact across these domains is limited. Additionally, the lack of a comparison groups poses limitations in researchers' ability to confirm a causal effect of the intervention on observed improvements. Nonetheless, among those participants who completed at least one repeated assessment (n=16), the program appeared more effective at addressing youths' social-emotional states than it did at improving environmental and relational factors. Substance use is the exception to this trend: fewer than one quarter (22.2%) of all youth who received a service intervention in this area demonstrated an improvement. Table 3.4 identifies the percent of youth that received a service in each domain, the number of those served with a valid follow-up assessment, and the percent demonstrating an improvement in the domain.

Table 3.4 Participants demonstrated varying degrees of improvement across targeted protective factors

PROTECTIVE FACTORS	N Receiving services	Valid N (Received services and at least one follow-up measure)	Percent* demonstrating improvement
Social-Emotional Factors			
Self-esteem	30	16	9 (56.3%)
Social competencies	33	16	9 (56.3%)
Substance use reduction	10	9	2 (22.2%)
Traumatic stress reduction	19	15	12 (80.0%)
Environmental/Relational Factors			
Parent/caregiver relationships	32	16	6 (37.5%)
School engagement	20	16	5 (31.3%)
Participation in leisure/recreational activities	21	15	4 (26.7%)

* The percent referenced is of the valid n, which included clients who received a service in the targeted protective factor and at least one follow-up measure.

Social-Emotional Factors

Participants saw greater improvement on social-emotional factors than on environmental/relational protective factors. More than half of youth demonstrated improvement in three out of the four protective factors in this domain. Traumatic stress symptomology saw the greatest improvement, with 80.0% of re-assessed participants demonstrating an improvement in their Post-Traumatic Growth Index (PTGI) score over baseline. Equal numbers (56.3% for each) improved in self-esteem and social competencies.

Participants also noted improvements in these areas in several of the write-in answers. For example, one participant wrote, “I experienced growth in personal strength by showing more care and trust in myself that I can handle things on my own. Not only that, but it has also increased my confidence.” Another explained: “One thing that I notice, I done growth alot [sic] I done let the bad people out my life n [sic] all. I’m just trying to be better than what I was”.

Several others made similar observations about their improved self-conception and social skills. Participants often reported that these abstract improvements had tangible impacts on their situation, noting achievements like obtaining employment or making the honor roll at school.

Environmental/Relational Factors

Overall, NCS-YERP participants showed less improvement on these factors than on the social-emotional factors. Fewer than one-third of participants receiving

both a repeated assessment and service targeting either school engagement (31.3%) or participation in leisure/recreational activities (26.7%) improved their scores; slightly more than one-third (37.5%) improved in the area of parent/caregiver relationships. This factor having the highest rate of improvement in the emotional/relational domain is consistent with the fact that families were frequently involved in aspects of the intervention.

Youth Demonstrating Improvements Scored Lower at Baseline

Youth who saw an improvement in each protective factor tended to have lower baseline scores than the full population of assessed participants. This finding suggest that the program had the largest relative impact on the most vulnerable participants, those with the lowest baseline scores. Table 3.5 displays the gap between the baseline scores of both youth who did and did not demonstrate an improvement by their final assessment.

Table 3.5 Participants demonstrating improvement tended to have lower baseline scores than the sample mean

	Avg. score at baseline (no improvement)	Avg. score at baseline (saw improvement)
Social-Emotional Factors		
Self-esteem	17.9	15.8
Social competencies	21.9	13.2
Substance use	3.7	1.3
Traumatic stress	77.3	58.1
Environmental/relational factors		
Parent/caregiver relationships	4.3	2.3
School engagement	3.5	2.6
Participation in leisure/recreational activities	2.9*	2.2

* One youth that received a leisure/recreational activity focused service was missing a score at baseline and so was excluded from the mean score.

Finding 2. Virtual reality assisted adventure therapy (VRAAT) showed promising effects on some protective factors.

Early in the program's operation, program staff began utilizing VRAAT as a novel intervention to meet the needs of participants. In total, 13 participants (34.2%) received at least one VRAAT session. Participants received a median of 4 VRAAT sessions during attendance.[44] On certain protective factors, a greater percentage of individuals who received VRAAT services showed improvement than among those participants who did not receive VRAAT. A greater proportion of youth who received VRAAT demonstrated improvements across self-esteem, social competencies, traumatic stress symptom reduction, and school engagement (Table 3.6). With the exception of school engagement, these were the protective factors most directly targeted by VRAAT.

Table 3.6 VRAAT participants had greater rates of improvement on certain protective factors compared with non-VRAAT participants

PROTECTIVE FACTOR	Received VRAAT	Did not receive VRAAT
Social-Emotional Factors		
Self-esteem		
N/Valid N*	13/11	11/5
% Improved**	7 (63.6%)	2 (40.0%)
Social competencies		
N/Valid N	13/11	20/5
% Improved	7 (63.6%)	2 (40.0%)
Substance use		
N/Valid N	7/7	3/2
% Improved	1 (14.3%)	1 (50.0%)
Traumatic stress		
N/Valid N	12/11	7/4
% Improved	9 (81.8%)	3 (75.0%)
Environmental/relational factors		
Parent/caregiver relationships		
N/Valid N	13/11	19/5
% Improved	3(27.3%)	3 (60.0%)
School engagement		
N/Valid N	13/11	17/5
% Improved	4 (36.4%)	1 (20.0%)
Participation in leisure/recreational activities		
N/Valid N	12/10	9/5
% Improved	2 (20.0%)	2 (40.0%)

* The valid n includes only participants that received both a service in the given protective factor as well as at least one repeated assessment beyond baseline.

** The percent referenced is of the valid n, which includes clients who received a service in the targeted protective factor and at least one follow-up measure.

Finding 3. Difficulties with participant engagement were a significant barrier to both program and participant success.

One of the greatest limitations to program success was difficulty engaging youth experiencing real and perceived threats to their safety in programming. At program onset, the program design featured a rigid dosage of a prescribed number of weeks in programming based on a participant's assessed level of need, with services anticipated to last between four and eight weeks. However, within several weeks of program launch, staff identified limitations to this model that failed to reflect the actual needs and lived experiences of the youth. Program staff identified:

1. Significant youth mistrust toward program staff, creating challenges in establishing a therapeutic relationship;
2. Difficulties facilitating group-based modalities due to safety and logistical challenges created by youths' conflicting backgrounds and affiliations; and
3. Limited legal system incentives for participation. attorneys *encouraged* youth to participate, but there was not always a promise of improved judicial outcomes if they completed programming successfully.

Initial Contact and Program Engagement

Prior to the change in program model, the first contact youth had with the program following an initial referral was always a face-to-face session. After this program revision, nearly one-third (30.6%) of participants started programming with some form of collateral (i.e., outreach via youths' families or legal service/educational providers) or digital contact. Program staff used family engagement, conversations with lawyers, and supportive text messages directly to participants in their attempts to engage youth in face-to-face services. Participants whose programming began without a face-to-face service received an average of two contacts of this nature before beginning programming.

In practice, these changes appear to have had no benefit on the rate of program initiation for participants. Among youth who initiated services with an alternative contact (n=12), only 58.3% were retained beyond intake. Comparatively, youth who initiated programming with a face-to-face session (n=25) were retained 68.0% of the time.

Initiating services with collateral contacts also did not appear to have a positive impact on the average number of face-to-face sessions that youth attended; in fact, this was lower than for those who initiated services face-to-face (10.3 vs. 14.3 sessions, respectively). In both this instance and retention beyond intake, however, the trend may not be reflective of the ineffectiveness of these contacts in engaging youth. Rather, it may point towards a greater intention among youth willing to initiate face-to-face to have meaningful engagement with

programming, as opposed to those who required more coaxing via collateral methods.

Collateral and digital contacts did benefit overall program engagement, however.

Table 3.7 shows that among all discharged participants, youth receiving no alternative or collateral contacts (n=4) never successfully completed programming.

Table 3.7 Youth who received alternative contact methods completed programming at a significantly higher rate than those who did not

TOTAL DISCHARGED 28

	N Participants	% Successfully completing
Received at least one alternative/ collateral contact	24	50.0%
Received no alternative/ collateral contacts	4	0.0%

Chapter 4
Community Partner Perceptions

In this chapter we describe findings from the community partner survey that was administered through the study period to individuals working at either a partnered legal service provider or educational organization.

Overview of Community Partner Perceptions

In addition to its focus on direct intervention in the lives of violence-exposed and system-impacted youth, NCS-YERP was designed to intervene at the systems-level and promote the development of cross-system knowledge among its partner organizations.

To measure this program component, we repeatedly surveyed individuals from partnered community organizations throughout program lifetime.

Findings

Finding 4. Community partner perceptions were high. Partners expressed high confidence in the collaborative process, though they saw fewer legal and educational impacts.

Overall, community partners who completed the surveys rated NCS-YERP highly across measures. Mean scores were high; most statements had a mean of four or more (on a 5-point scale: 1=strongly disagree, 5=strongly agree).[45]

The most highly rated statements are primarily in the domain of confidence in the collaborative process:

	MEAN SCORE
I have a clear understanding of the goals of NCS-YERP.	4.42
The goals of NCS-YERP are important.	4.61
What we are trying to accomplish together would be difficult for any single organization to accomplish by itself.	4.45

The top-rated statements also include one statement in each of the other domains:

	MEAN SCORE
Development of Institutional Knowledge Domain	
Participation in this coalition has strengthened our ability to support youth who are involved in the legal system.	4.48
Confidence in and Perceptions of the Intervention Domain	
Youth in NCS-YERP receive services relevant to the needs my organization referred them for.	4.47

Statements with the lowest mean ratings are all in the Confidence in and

Perceptions of the Intervention, and primarily have to do with perceived impacts on education and legal involvement:

	MEAN SCORE
Youth referred into NCS-YERP have better educational outcomes than other youth.	3.97
Youth in NCS-YERP face fewer disruptions to their educational progress than other youth.	3.83
Youth referred into NCS-YERP have better legal outcomes than other youth.	4.03
Youth referred into NCS-YERP complete their legal obligations in an appropriate amount of time.	4.03

The one statement in this grouping not related to educational and legal outcomes is:

	MEAN SCORE
Youth in NCS-YERP are screened for needs other than those they were referred for.	4.16

Findings that community partners did not perceive better educational outcomes for participants are consistent with those from the participant survey, showing limited improvements in school engagement. At the same time, while these lowest-rated statements highlight areas where the intervention may have been less successful, the lowest-rated statement was still fairly high; at 3.8, the lowest rating suggests a sentiment between neutrality and agreement regarding educational disruptions. Across rated statements, the range of mean perceptions was small: less than 1 (0.8) on a 5-point scale.

See Appendix B for full findings.

Finding 5. Community partners' perceptions of the program were fairly static, while their relevant knowledge increased.

Looking at individuals' response patterns across multiple surveys, on most statements, a plurality of responses did not vary between surveys, indicating stability in respondents' perceptions throughout the intervention.

One domain, Development of Institutional Knowledge, implies change over time in its name, and as such is particularly relevant to this analysis. The one statement specifically about knowledge had among the highest rates of increase over time, with 41.6% (n=5) respondents indicating increased agreement with, "I have a strong understanding of the unique needs faced by youth who have been exposed to violence." On the other hand, the two statements in that domain regarding organizational capacity to effectively support the target population had the highest rate of *decrease* among all statements: "Participation in this coalition has strengthened our organization's ability to work with youth who have been exposed to violence," and "Participation in this coalition has strengthened our ability to support youth who are involved in the legal system" (n=5, 41.6% each). This juxtaposition suggests that

participating community partners learned from their participation, but did not always see tangible gains.

Open-ended comments from community partners, however, were broadly positive. Some comments spoke to aspects of how NCS-YERP staff worked with participants which partners particularly appreciated, such as a proactive and hands-on approach, consistency, engagement in the work, and individualized work cognizant and respectful of youths' need for safety. Other comments mentioned NCS-YERP's uniqueness in providing counseling inside the detention center, and enhanced services resulting from the collaboration. This broad praise was reflected in our community partners' referral practices: on nearly three-quarters of surveys (24 of 33), NCS-YERP's community partners indicated having referred a participant to the program in the prior six months.

Only one respondent expressed a negative sentiment: on an early survey, this person praised the program, wishing it had a larger capacity, but later noted a change, perceiving a decline in program staff's engagement with youth and community partners.

Some community partners offered suggestions for the program in the future:

1. Integrating new participants into the program with the help of youth who completed the program or with team-building activities;
2. Ensuring that staff at partner agencies who work at the program are committed to the initiative;
3. Co-facilitated professional training between NCS-YERP and the educational partner; and
4. Offering a certificate of completion for successful participants.

See Appendix B for full findings.

Chapter 5
Discussion & Conclusions

This concluding chapter providers a summary of findings from the previous chapters, describes limitations encountered, and recommends updates to future programming and areas for future research.

Summary of Findings

Overall, we find that NCS-YERP appears to have some positive impacts on social-emotional protective factors, but limited impacts on youth engagement. Additionally, system partners appeared to have benefited from the intervention's secondary aim of capacity-building through their engagement with the program.

Our first finding suggests that NCS-YERP more effectively supported improvement across most social-emotional protective factors (excepting substance use reduction). The greatest rates of improvement were seen in the domain of traumatic stress reduction. Given the high degree of exposure to community violence experienced by the target population, these findings illustrate the benefit of engaging in supportive, clinical programming even without further benefits in juvenile court outcomes. NCS-YERP was less effective at improving social-environmental factors, including school engagement, participation in leisure/recreational activities, and positive parent/caregiver relationships.

Additionally, the novel intervention of VRAAT was a beneficial tool in supporting participant improvement across many of these protective factors. This finding points towards VRAAT's status as a promising practice to increase access to modalities like adventure therapy or other recreationally based interventions for youth residing in under-resourced communities or facing other logistical barriers to engagement. This is especially so when it is used in tandem with other traditional interventions better suited to addressing behavior change, such as motivational interviewing.

Third, we find that the difficulties with participant engagement posed significant long-term challenges. Attempts to develop alternative means of engagement through text messaging and family or legal service provider outreach were not effective at improving participant retention. These findings are consistent with existing literature about the difficulties of engaging court-involved and violence-impacted youth in services.[46]

These difficulties were further complicated by time strain on program staff. Given the high clinical needs of

participants (e.g., the high rates of exposure to community violence), the small staff appropriately paid significant attention to participants. This came at the expense of the staff's ability to manage the administrative aspects of the program, particularly around data (e.g., routine collection of repeated assessments, juvenile court outcome surveys, regular data cleaning and reporting related tasks) and outreach.

Lastly, NCS-YERP's secondary focus on systems-level change and capacity building yielded positive results. Respondents to the community partner survey expressed the greatest confidence in the collaborative process, with less somewhat confidence in the program's ability to meaningfully intervene on youth's educational progress or legal outcomes. However, their average ratings were relatively high across all statements, including those with comparatively lower ratings.

Even while respondents did not necessarily perceive tangible gains from program involvement, participating community partners tended to report improved knowledge about how to better support participants exposed to violence or that were engaged in the juvenile court system. Additionally, in open-ended responses, they observed numerous positive aspects of the program. NCS-YERP set out to improve supports and capacity in a system suffering from many gaps—in this effort they appear to have achieved this goal.

Recommendations and Future Research

Our findings contribute a few key recommendations for future research and program administration. First, we recommend testing alternative means of participant engagement in future iterations of this program. Program staff relied upon an extended, low-intensity period of engagement to build rapport with participants and often utilized collateral contacts with the youths' families and their legal service providers to engage youth in programming. However, participants initiating services with a collateral or text-based contact saw no meaningful improvements in retention compared to youth initiating services with a face-to-face contact. Alternative interventions like contingency management[47] (CM), networks of previously engaged peers, or participation stipends may be helpful in improving participant engagement and retention.

Second, we recommend convening regular multidisciplinary team meetings involving both educational and legal community partners to meaningfully coordinate social services and better address the educational and legal needs of participants. Additionally, these meetings may create opportunities for programmatic reflection, helping community partners increase their system knowledge and identify perceived gaps in programming, and allowing providers the opportunity to revise the program model.

Third, we recommend expanding VRAAT-based services to similarly situated youth, emphasizing its use in supporting trauma recovery and the development of social competencies and self-esteem. Finally, we recommend expanded, flexible funding that supports the hiring of both administrative program staff and a lead clinician as distinct positions. Providing additional funding to meet the administrative needs of similar programming in the future will additionally allow clinical staff to focus their attention on the participants' needs. Additionally, more flexible funding parameters could be used to explore other means to engage youth. In the future, allowing the use of funds on items like food, for example, would support program staff in creating a welcoming, supportive environment for youth that also acknowledges the realities of their very real food insecurity and economic needs.

Further research is required to make meaningful conclusions about observed differences among participants, as described further below. Such research would require both a larger sample of program participants, and a larger proportion of participants with repeated measures on protective factors. Additional analyses should investigate a causal relationship between receiving VRAAT services and participant improvement, as the novel intervention grew to become a significant focus of both program staff and the funding stakeholder. Beyond this, future research should consider the latent relationships between protective factors to explore the degrees to which improvement in one domain might support improvement in another (e.g., how improved social competencies benefit school engagement). Research of this nature would support the development of a more refined and tightly focused program that uses the transformative effects of its interventions to support cross-domain improvement.

Limitations

This research included several challenges and limitations. First, the program's size (38 total participants served) was too small to allow for tests of statistical significance. Thus, we were unable to determine the likelihood that the observed differences in protective factors and program outcome represented real program impacts or were the result of chance. The lack of a comparison group further complicates any ability to confirm a causal relationship between observed improvements and intervention components.

Data on juvenile court outcomes were also limited. While the program was intended to serve participants who may have juvenile court system involvement, and ideally promote alternatives to detention and reduced sanctions, legal outcome data was only provided by legal service providers for 11 of 25 (44.0%) of youth involved in programming who had a charge on their case at the time of intake. Further, the reluctance of court actors to

incorporate NCS-YERP as a standard option for diversion limited NCS-YERP's ability to consistently impact the legal outcomes of program participants. Instead, it was up to legal defense providers to encourage participation with the *hopes* that it would improve case outcomes, rather than with the explicit support and guarantee of court actors.

Additionally, shifts in the program model during the study period added challenges to program evaluation. While emphasis on building rapport with participants was the justification for changes to the program model and was a positive change for both the program and the youth it served, these changes came at the expense of routine data collection, which limited the ability to meaningfully evaluate the program's success.

Conclusion

While limited, our findings suggest that a program designed to address the clinical needs of violence-impacted youth can improve the social-emotional protective factors that reduce the risk of future system involvement.

However, our findings also identify several key challenges in program administration that limited the researchers' ability to fully evaluate the program. Our hope is that the challenges described in serving these youth do not discourage future providers from implementing similar youth-centered, flexible programming, but rather strive to continue to fill the gaps in our current systems of juvenile courts and trauma recovery.

Endnotes

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[34] One individual was referred twice, the 2nd referral coming two weeks after the first case was closed after being lost to contact. The n of 38 is for unique participants, so counting this individual once, despite having two referrals.

[35] Percentages for race and gender exclude cases missing data (for race: n=11 missing, 28.9% of total; for gender: n=4 missing, 10.5% of total).

[36] A complete list of the scales and individual items used to measure these protective factors can be found in Appendix A.

[37] Two additional surveys were initiated but contained no data and were excluded from the sample.

[38] One person began working with the partner organization after the project started and only received three surveys, completing all.

[39] Excludes one individual who left the agency partway through the program and did not complete any surveys

[40] NCS-YERP was used as an adjunct to probation in some cases where the youth probationer was either in jeopardy of violating their probation conditions or had previously done so. Participation in programming helped youth avoid sanctions for violations.

[41] Ibid.

[42] As there was no formal partnership between Newark Community Solutions and the juvenile or family courts where clients' cases were disposed, some prosecutors made no formal offer to the youth making guarantees of case outcome. In these instances, youth tended to participate in NCS-YERP programming with the hopes, but no promise, of a more favorable case outcome.

[43] Ibid.

[44] The median is used to describe the number of VRAAT sessions attended by participants due to an extremely high outlier in the dataset. One participant received 38 sessions, whereas the next highest volume attended was 12. The average number of VRAAT sessions attended was 6.8.

[45] Mean scores at the person level, not survey level. This approach equally weights the perceptions of individual community partner.

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Appendix A

Protective Factors Assessment Tool

PROTECTIVE FACTOR	PARENT SCALE	QUESTION	VALUES					
						ITEMS THAT ARE REVERSE CODED ARE HIGHLIGHTED IN BLUE.		
Self-Esteem	Rosenberg SES[1]	**Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.**	**Strong disagree**	**Disagree**	**Agree**	**Strong Agree**		
		One the whole, I am satisfied with myself.	0	1	2	3		
		At times, I think I am no good.	3	2	1	0		
		I feel that I have a number of good qualities.	0	1	2	3		
		I am able to do things as well as most other people.	0	1	2	3		
		I feel I do not have much to be proud of.	3	2	1	0		
		I certainly feel useless at times.	3	2	1	0		
		I feel that I'm a person of worth, at least on an equal plane with others.	0	1	2	3		
		I wish I could have more respect for myself.	3	2	1	0		
		All in all, I am inclined to believe I am a failure.	3	2	1	0		
		I take a positive attitude toward myself.	0	1	2	3		
Social Competencies	Perceived Social Competence Scale II (PSCSII)[2]	**For each statement below, please select the option that feels most true for you.**	**Not at all true**	**A little true**	**Somewhat true**	**Pretty true**	**Really true**	
		I help other people	1	2	3	4	5	
		I ask others if I can be of help	1	2	3	4	5	
		I show concern for others.	1	2	3	4	5	
		I show care for others.	1	2	3	4	5	
		I give support to others.	1	2	3	4	5	
Various	Internally Designed	**Using the options below, please indicate how often the follow statements have been true in the last month.**	**Not at all**	**A few times**	**More than a few times**	**Almost every day**	**Every day**	
School Attendance		In the last month, I have missed school…	5	4	3	2	1	

Appendix A

Protective Factors Assessment Tool

Leisure/Recreational Activities		In the last month, I've done something just for fun…	1	2	3	4	5	
Substance Use		In the last month, I have gotten high or drunk, or used substances (for example: alcohol, weed, tobacco, or other drugs)…	1	2	3	4	5	
Family/Caregiver Relationships		**Using the options below, please describe how your relationship with your parent(s) or caregiver(s) has been in the last month.**	**Terrible**	**Pretty bad**	**Not so bad/Not so good**	**Pretty good**	**Great**	
		In the last month, how well have you gotten along with your parent(s) or caregiver(s)?	1	2	3	4	5	
Traumatic Stress Symptoms	Post-Traumatic Growth Inventory (PTGI)[3]	**For each statement below, please indicate how much you experienced that change after a recent stressful life event:**	**Not at all**	**Very small degree**	**Small degree**	**Moderate degree**	**Great degree**	**Very great degree**
		I changed my priorities about what is important in life.[AL]	0	1	2	3	4	5
		I have greater appreciation for the value of my own life.[AL]	0	1	2	3	4	5
		I have developed new interests.[NP]	0	1	2	3	4	5
		I have a greater feeling of self-reliance.[PS]	0	1	2	3	4	5
		I have a better understanding of spiritual matters.[SG]	0	1	2	3	4	5
		I more clearly see that I can count on people in times of trouble.[IR]	0	1	2	3	4	5
		I established a new path for my life.[NP]	0	1	2	3	4	5
		I have a greater sense of closeness with others.[IR]	0	1	2	3	4	5
		I am more willing to express my emotions.[IR]	0	1	2	3	4	5
		I know that I can handle difficulties. [PS]	0	1	2	3	4	5

Appendix A

Protective Factors Assessment Tool

		I can do better things with my life. AL	0	1	2	3	4	5
		I am better able to accept the way things work out. PS	0	1	2	3	4	5
		I can better appreciate each day. AL	0	1	2	3	4	5
		New opportunities are available which wouldn't have been otherwise. NP	0	1	2	3	4	5
		I have more compassion for others. IR	0	1	2	3	4	5
		I put more effort into my relationships. IR	0	1	2	3	4	5
		I am more likely to try to change things that need changing. NP	0	1	2	3	4	5
		I have stronger religious faith. SG	0	1	2	3	4	5
		I discovered that I'm stronger than I thought I was. PS	0	1	2	3	4	5
		I learned a great deal about how wonderful people are. IR	0	1	2	3	4	5
		I better accept needing others. IR	0	1	2	3	4	5
		After completing the above questions, cumulative scores are calculated from the questions above across five domains 1) Appreciation for Life (AL), 2) Personal Strength (PS), 3) Spiritual Growth (SG), 4) New Possibilities (NP), and 5) Improved Relationships (IR). These scores are then presented to respondents' to support their answers to the following open text questions:						
		What areas have I experienced growth?	[Open Ended]					
		What areas do I score moderate or low? What is contributing to my experience?	[Open Ended]					
		What do I want to celebrate?	[Open Ended]					
		What is one area I would like to make some adjustments so I can improve myself?	[Open Ended]					

[1] Morris Rosenberg, *Conceiving the Self,* (Basic Books, 1979).

[2] Dawn Anderson-Butcher et al., "The Case for the Perceived Social Competence Scale II," *Research on Social Work Practice,* 26, no. 4 (2016): 419-428. https://doi.org/10.1177/1049731514557362

[3] Bibiána Jozefiaková et al., "Posttraumatic Growth and Its Measurement: A Closer Look at the PTGI's Psychometric Properties and Structure," *Frontiers in* Psychology, 13 (2022). https://doi.org/10.3389/fpsyg.2022.801812.

Appendix B

Full Stakeholder Survey Findings

DOMAIN	QUESTIONS	DESCRIPTIVE STATISTICS[1]				CHANGE OVER TIME								
		MEAN	STD. DEV.	MIN	MAX	VALID N[2]	NO CHANGE[3]		INCREASE[4]		DECREASE[5]		MIXED[6]	
		N = 13					N	%	N	%	N	%	N	%
Confidence in the Collaborative Process	I have a clear understanding of the goals of NCS-YERP.	4.48	0.63	4	5	12	5	42%	3	25%	2	17%	2	17%
	I think that other stakeholders have a clear understanding of the goals of NCS-YERP.	4.08	0.64	3	5	12	5	42%	5	45%	1	8%	1	8%
	The goals of NCS-YERP are important.	4.61	0.60	3	5	12	7	58%	2	17%	3	25%	0	0%
	What we are trying to accomplish together would be difficult for any single organization to accomplish by itself.	4.46	0.60	3	5	12	7	58%	3	25%	1	8%	1	8%
	Partner organizations in this collective project are doing their part to engage other stakeholders who could support the project.	4.08	0.68	3	5	12	4	33%	4	33%	2	17%	2	17%
Development of Institutional Knowledge	Participation in this coalition has strengthened our organization's ability to work with youth who have been exposed to violence.	4.22	0.56	3	5	12	4	33%	2	17%	5	42%	1	8%
	Participation in this coalition has strengthened our organization's ability to support youth who are involved in the legal system.	4.53	0.47	4	5	12	5	42%	1	8%	5	42%	1	8%
	I have a strong understanding of the unique needs faced by youth who have been exposed to violence.	4.40	0.48	4	5	12	4	33%	5	42%	3	25%	0	0%

Appendix B

Full Stakeholder Survey Findings

Confidence in and Perceptions of the Intervention	**Youth referred into NCS-YERP have better legal outcomes than other youth.**	3.96	0.75	3	5	11	3	27%	3	27%	3	27%	2	18%
	Youth referred into NCS-YERP have better educational outcomes than other youth.	3.98	0.73	3	5	8	2	25%	1	13%	2	25%	3	38%
	Youth referred into NCS-YERP complete their legal obligations in an appropriate amount of time.	3.96	0.54	3	5	10	3	30%	3	30%	2	20%	2	20%
	Youth in NCS-YERP face fewer disruptions to their educational progress than other youth.	3.80	0.69	2	5	9	3	33%	1	11%	2	22%	3	33%
	Youth in NCS-YERP are engaged in activities during programming that benefit the development of social competencies.	4.26	0.62	3	5	12	4	33%	3	25%	3	25%	2	17%
	It is easy to connect youth with other providers through NCS-YERP.	4.31	0.54	4	5	11	3	27%	2	18%	4	36%	2	18%
	Youth in NCS-YERP receive services relevant to the needs my organization referred them for.	4.44	0.48	4	5	11	5	45%	1	9%	2	18%	3	27%
	Youth in NCS-YERP are screened for needs other than those they were referred for.	3.99	0.78	2	5	11	2	18%	5	45%	2	18%	2	18%
	When appropriate, parents/guardians/caregivers are adequately involved in the NCS-YERP treatment process.	4.29	0.43	4	5	11	3	27%	4	36%	3	27%	1	9%
	Youth in NCS-YERP receive services that are trauma informed.	4.38	0.55	3	5	11	4	36%	3	27%	3	27%	1	9%

[1] Rated on a 5-point Likert scale: 1=Strongly disagree; 2=Disagree; 3=Neutral/No Opinion, 4=Agree; 5=Strongly Agree; calculated at the person level (multiple timepoints pooled across individuals)

[2] Number of stakeholders who responded to the question on more than one survey, with a response other than "N/A; Can't Gauge"; all questions exclude the 1 individual who took only one survey

[3] Same answer on all surveys completed

[4] Includes individuals where there was an increase between every time point and those with both increases and no change between time points (only possible for respondents with at least 3 surveys)

[5] Includes individuals where there was a decrease between every time point and those with both decreases and no change between time points (only possible for respondents with at least 3 surveys)

[6] Both increases and decreases between time points (only possible for people with at least three surveys)